

Name  
in  
Full

Julius Ackerman

CERTIFICATE OF DEATH

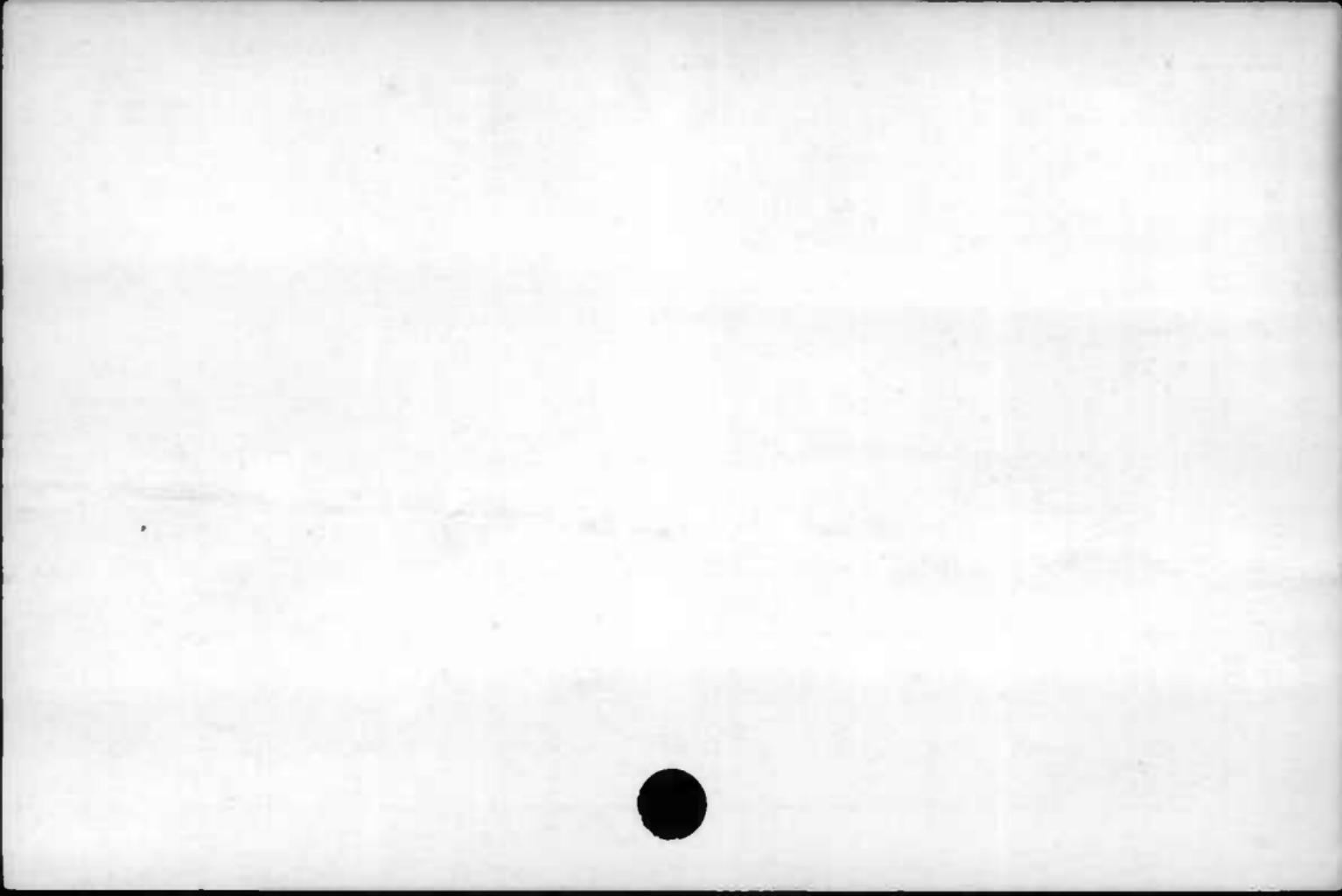
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	3rd
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	?		
Father's Name	?				Father's Birthplace
Mother's Maiden Name	?				Mother's Birthplace
Name of person giving information	Hospital Records				

CAUSES OF DEATH

Primary	Carcinoma of stomach		How long ? How long about a day.
Immediate	drenition		
Are the name, age, sex, color, date and place correctly given above?	To best of my knowledge.	Signature of Physician	Chas. J. Carey
Address	Sykesville Md.		
Accident or Suicide?	J.		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sara Aising ✓

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	July	3	40	—	—
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Unknown		Father's Birthplace	—	
Mother's Maiden Name	Unknown		Mother's Birthplace	—	
Name of person giving information	—		How related to deceased	—	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Emphysema

(14)

How long

life

Immediate

Brain tumor

How long

Are the name, age, sex, color, date and place correctly given above?

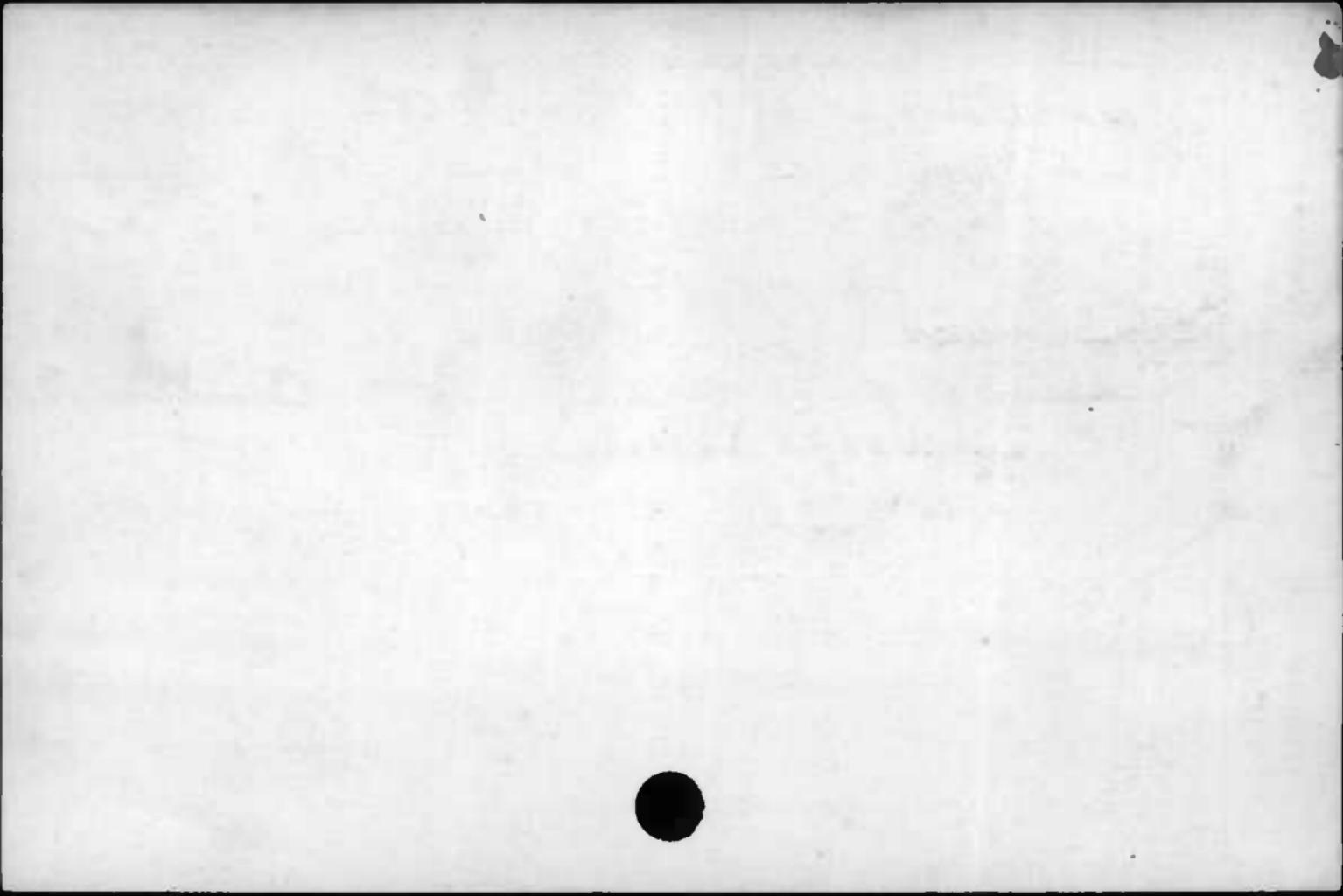
yes.

Signature of Physician

Address

John J. Morris M.D.  
Sykesville, S.S.H.  
Carroll Co. Md.

Accident or Suicide?



Name  
in  
Full

No 38.

CERTIFICATE OF DEATH

Sarah Baumgardner

Died at <u>Westminister</u>		Towm <u>Carroll</u>			
Date of death <u>1906</u>	Month <u>July</u>	Day <u>10</u>	Age <u>76</u>	Years	Months Days
Sex <u>Female</u>	Color or Race <u>white-</u>	Birth-place <u>Carroll Co. Md.</u>			

TO BE ANSWERED BY  
NEAREST FRIEND

Occupation

Where Residing If not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or Husband

Friend

Father's Name

Daniel Baumgardner

Father's Birthplace

Carroll Co. Md.

Mother's Maiden Name

Eliza Kuhn

Mother's Birthplace

Name of person giving information

Edward Wine

How related to deceased

Friend.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dysentery

(14)

How long

6 days

Immediate

Hemorrhage

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John S. Mathias  
Westminister  
Md.

Accident or Suicide?

Bixler Cemetery.

Name  
in  
Full

Emily R. Bell

## CERTIFICATE OF DEATH

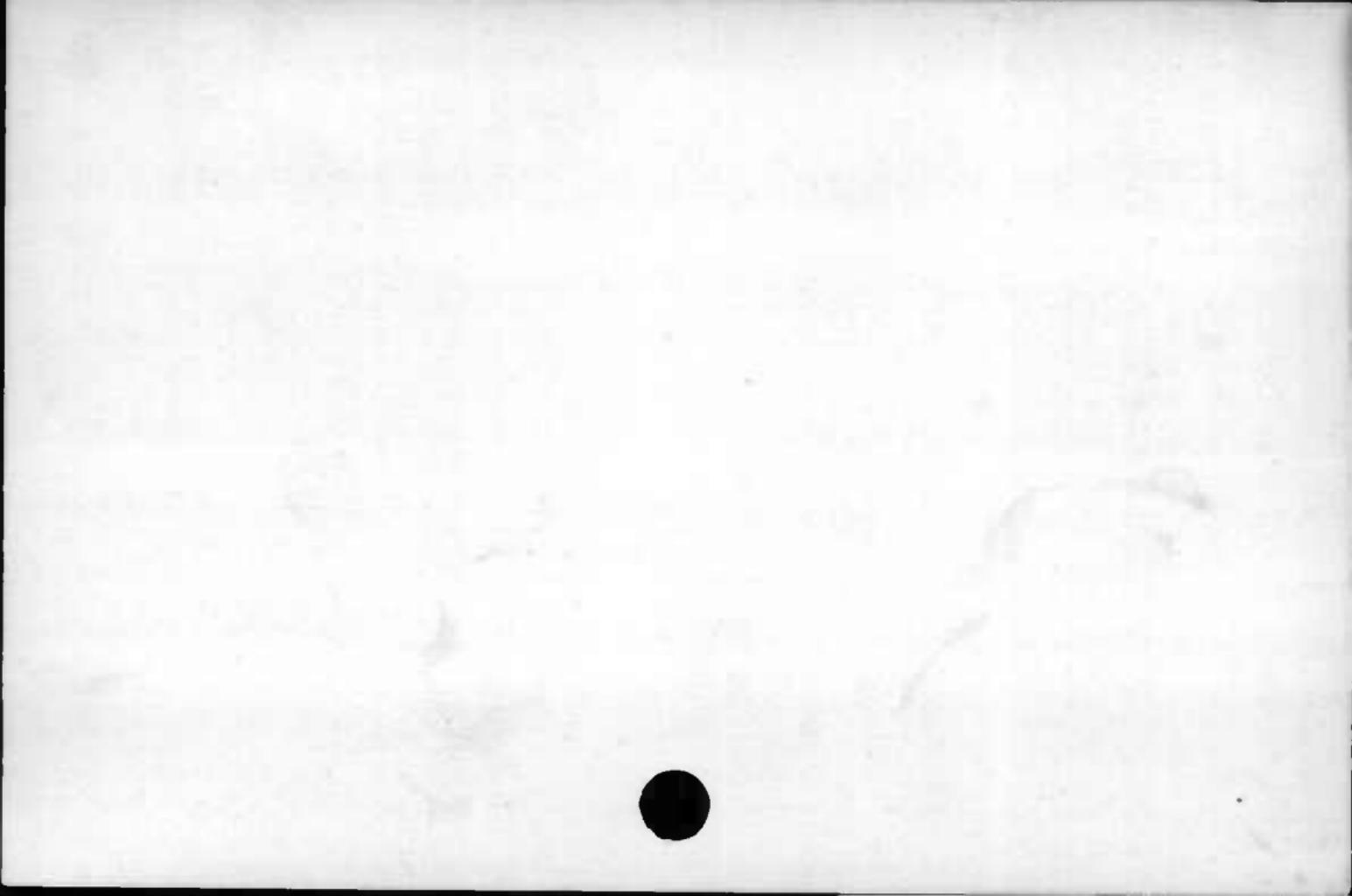
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death -				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace ?				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Sykesville  
 Carroll  
 1906 July 28<sup>th</sup> 63 - -  
 Female White Md.  
 Housework -  
 Single -  
 John Bell -  
 Maria Steward Md.  
 Everett Brown Nephew

## CAUSES OF DEATH

Primary	Senile Dementia (154)		How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Norfolk Morris M.D.
		Address	Springfield Hospital Sykesville, Carroll Co. Md
Accident or Suicide?			



Name  
in  
Full

Helen Louise Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month Day	Years	Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	James E. Bowers		
Mother's Maiden Name	Florence E. Miller		
Name of person giving information	Florence E. Bowers		
CAUSES OF DEATH			
Primary	Premature	(151)	How long about 3 weeks
Immediate	Heart Failure		How long 10 hours -

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

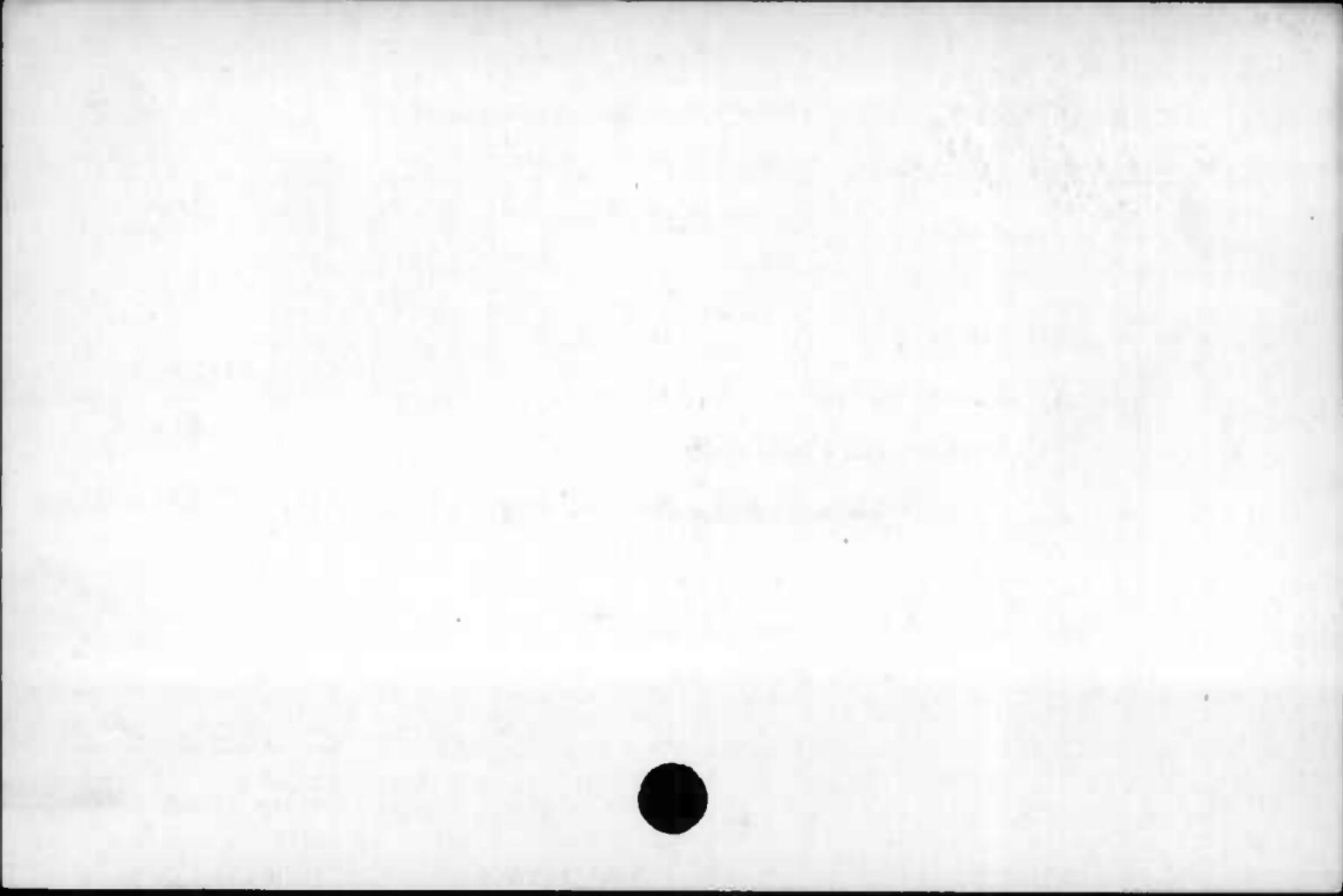
yes

Signature of Physician

Address

Chas. R. Fahey MD  
Wilmington  
Delaware

Accident or Suicide?



Name  
in  
Full

No 41

CERTIFICATE OF DEATH

Emma R Brown

Town

Westminster

County

Carroll

MARYLAND

Died at

Month

July

Day

17

Years

43

Months

10

Days

12

Date

of death

1906

Color or  
Race

white

Birth-  
place

Maryland

Sex

Female

Occupation

Where Residing If not  
at place of death

Married, Single  
or Widowed

Name of ~~Wife~~  
Husband

Married Noah Brown

Father's  
Name

Paul Giggard

Father's  
Birthplace

Mother's  
Maiden Name

Susan Ossig.

Mother's  
Birthplace

Name of person giving  
Information

Noah Brown

How related  
to deceased

Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Confinement



How long

Immediate

Giddifey Jr. hr.  
Chas. R. Trout MD

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

Goldie Novice Brown

No 43

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Westminster Town

County Carroll

MARYLAND

Date of death 1906 Month July Day 19 Years 2 Months 3 Days —

Sex Female

Color or Race

Colored

Birth-place

Carroll Co Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or Husband

Father's Name

Joel Brown,

Father's Birthplace

Carroll Co Md

Mother's Maiden Name

Birdie E. Brown,

Mother's Birthplace

Name of person giving information

David Brown,

How related to deceased

Father,

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pertussis  
convulsions

(1)

How long

one week

Immediate

How long

one week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm. Batt  
Westminster Md

Accident or Suicide?



Name  
in  
Full

Nelson Brown

No 47  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>29</u>	Years <u>73</u>	Months <u>9</u>	Days .
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Westminster</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jannie Brown</u>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Gustavus Grabske</u>	How related to deceased <u>friend</u>				

PHYSICIAN  
OR CORONER

Primary

CAUSES OF DEATH

Immediate

How long

2 yr

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

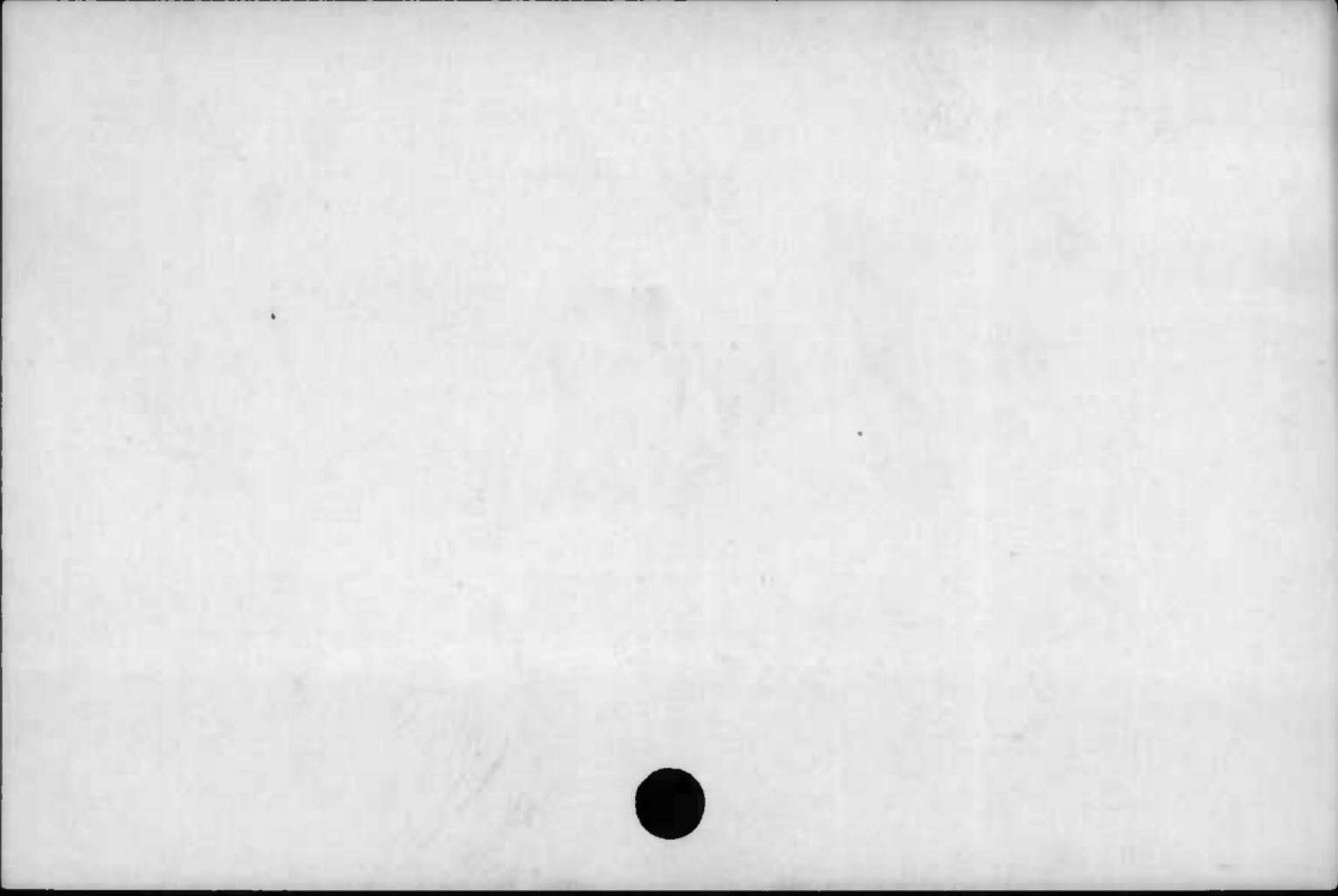
Signature of Physician

Address

Dan D. Wellman  
Westminster Md

Colored.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Ann M. Glabaugh ✓  
Died <sup>Town</sup> near Bridgeport <sup>County</sup> Carroll  
Date of death 1906 Month 7 Day 1 Age 85 Years  
Sex Female Color or Race white Birth-place 8<sup>th</sup> Md 14 Days  
Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband John Glabaugh

Father's Name

George Spalding

Father's Birthplace

16d

Mother's Maiden Name

Mary Leiver

Mother's Birthplace

16d

Name of person giving information

George Glabaugh

How related to deceased

Son

CAUSES OF DEATH

Primary

Carcinoma of bowels 1 1/2 years

Immediate

Exhaustion 2 weeks

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

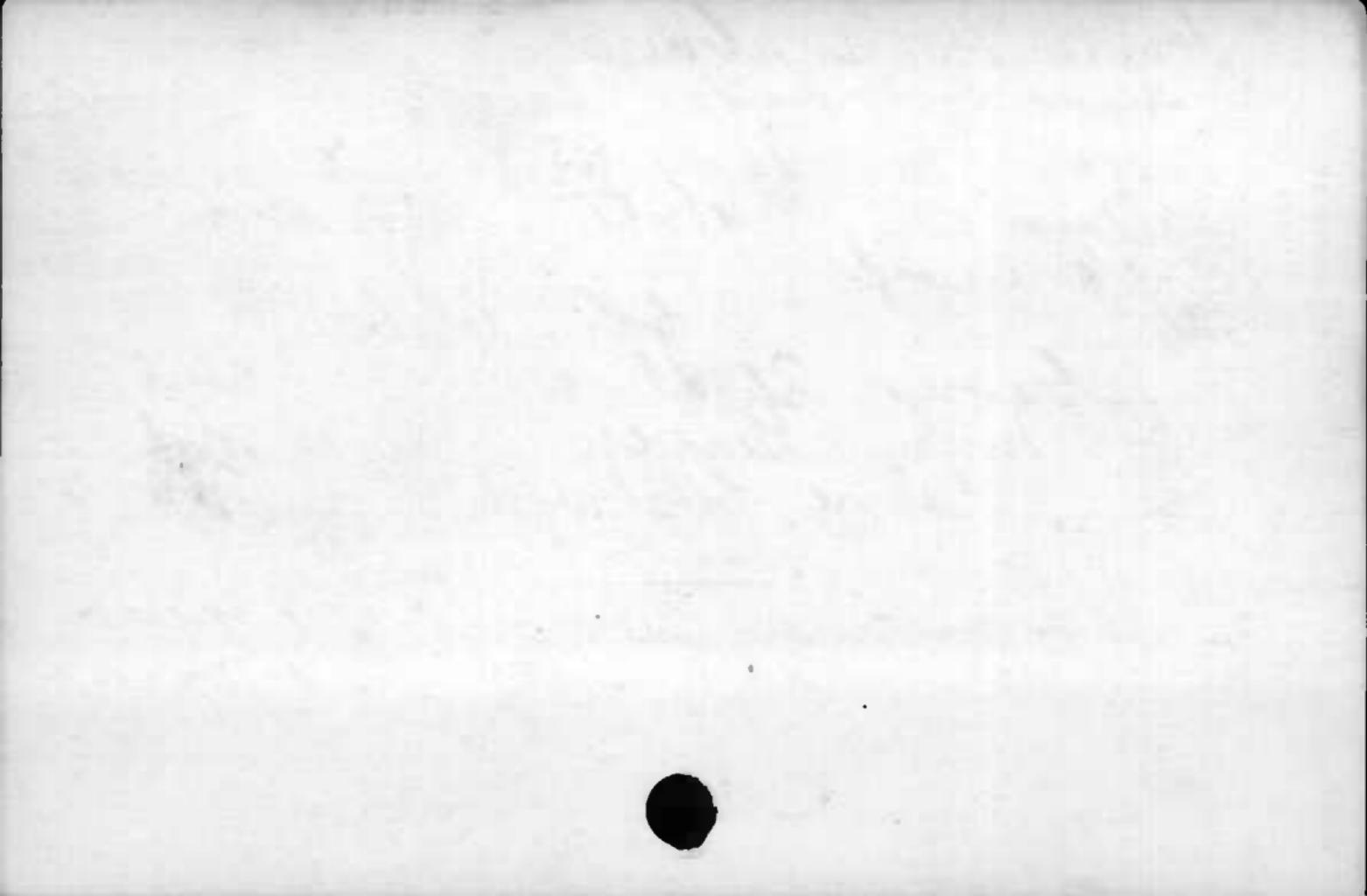
Address

G. H. Deiss, M.D.  
Tracey's Corner, M.D.

Accident or Suicide?

CERTIFICATE OF DEATH

MARYLAND



Name  
in  
Full

Harry A. Colson,

CERTIFICATE OF DEATH

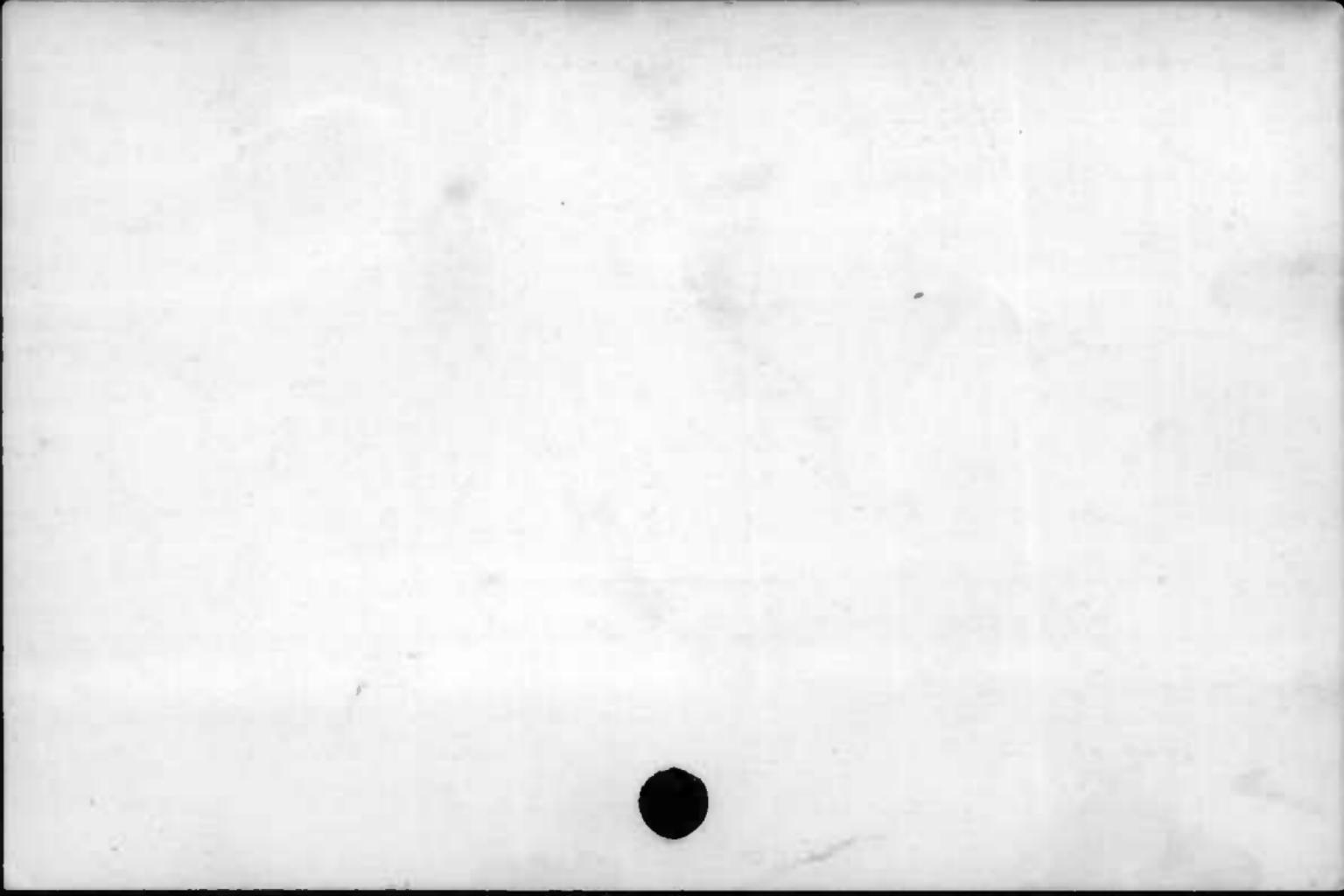
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Munths	Days		
Sex	Male		Age	—	9	14	
Occupation			Color or Race	White	Birth-place		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	H.W. F. Colson.		Father's Birthplace	Carroll Co. Md.			
Mother's Maiden Name	Effie Greene		Mother's Birthplace	Carroll Co. Md.			
Name of person giving information	H.W. F. Colson		How related to deceased	Father			

PHYSICIAN  
OR CORONER

CAUSES OF DEATH  
Primary Cholera infantum 55 day  
Immediate 1 day  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician H. J. Brooks  
Address Marion Md.

Accident or Suicide?



Name  
in  
Full

Rustic, Alexandria Coosby  
Westminster MD Carroll

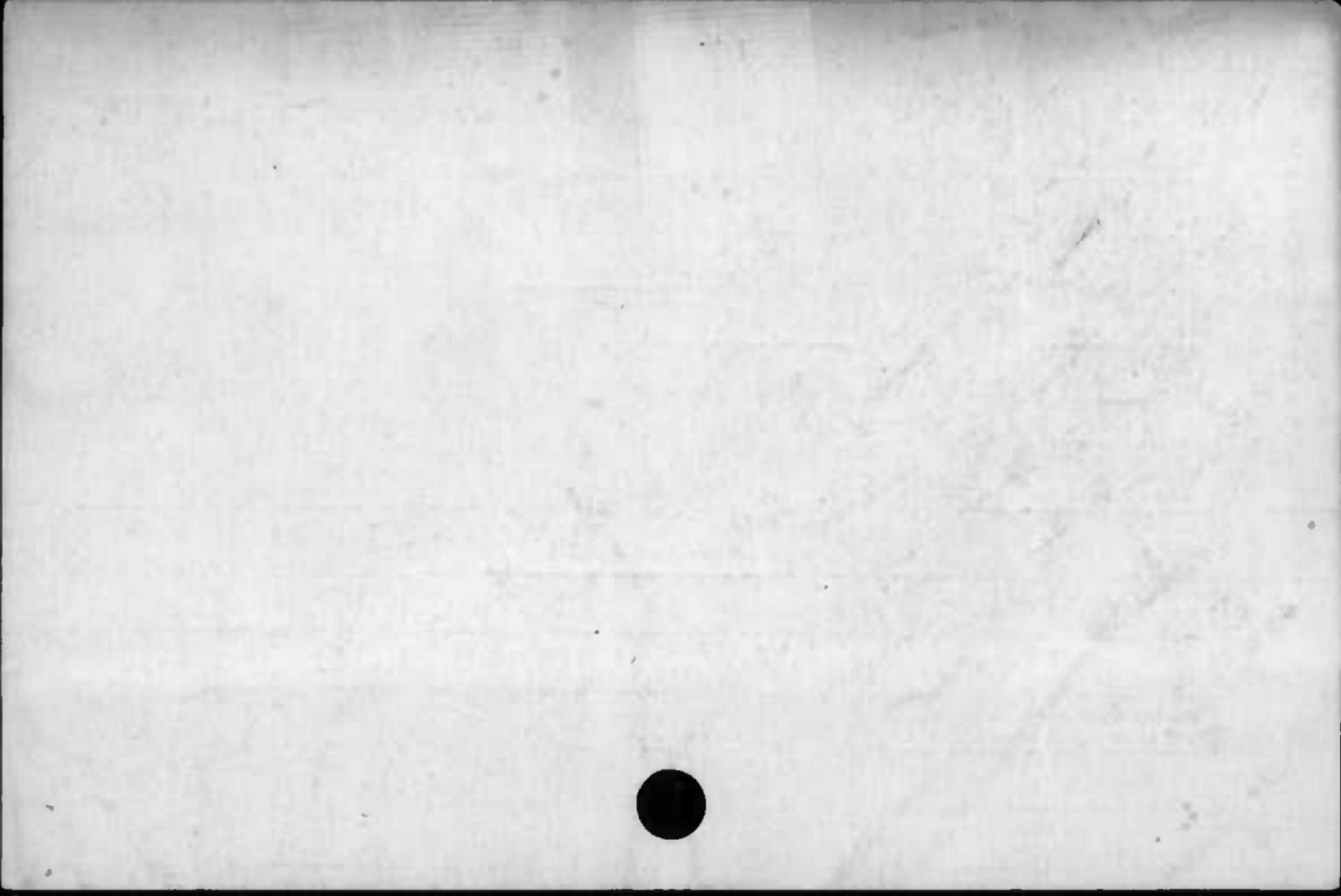
No 42  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	one	july	16
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Bertie Costley				
Mother's Maiden Name	Weston Brooker				
Name of person giving information	Dr. W. Wilcox				
CAUSES OF DEATH					
Primary	Convulsions				
Immediate	Lame				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			MalBatt		
			Address		
			Westminster Md		
Accident or Suicide?					

PHYSICIAN  
OR CORONER



Name  
in  
Full

Florence R Dell

No 46

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1906	Month July	Day 22	Years —
Sex Female	Color or Race white	Occupation —	Months 6
Married, Single or Widowed	Birth-place Maryland		
Name of Wife or Husband			
Father's Name	Father's Birthplace Md.		
Mother's Maiden Name	Mother's Birthplace "		
Name of person giving Information	How related to deceased Father		

Ernest B Dell  
Mary Dies  
Ernest B Dell

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Debility	How long one week
	Immediate	Cholera Infantum	How long " "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address	Jacob H. Billings, M.D. Westminster Md.
Accident or Suicide?		No	

Wetland Cen.

Name  
in  
Full

Silvia A. Dell.

CERTIFICATE OF DEATH

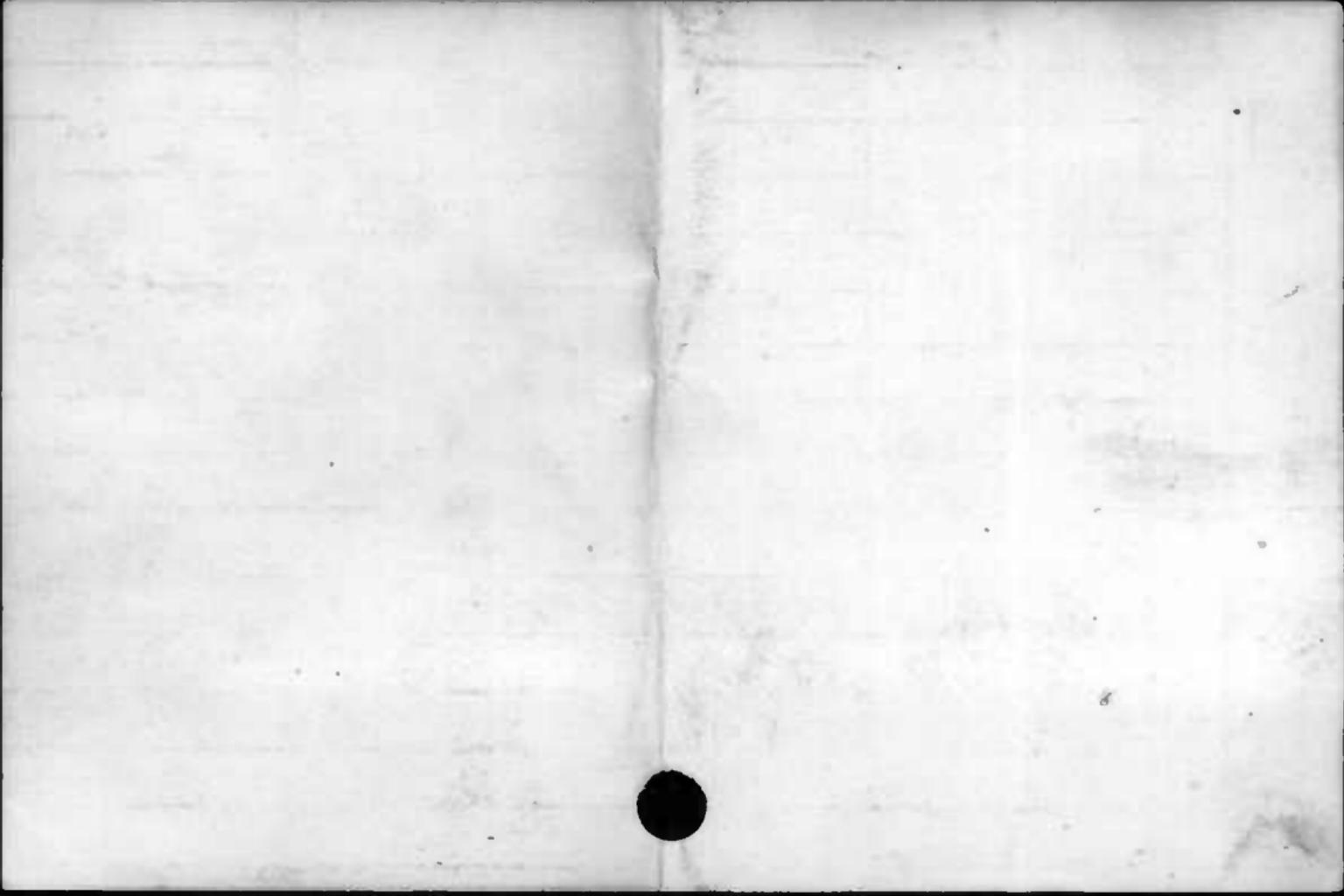
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Place of death.		
Father's Name	David E. Dell.	Father's Birthplace	Maryland	
Mother's Maiden Name	M. E. Parker.	Mother's Birthplace	Maryland	
Name of person giving information	David E. Dell.	How related to deceased	Galatea.	

CAUSES OF DEATH

(D5)

Primary	Cholera Infantum.	How long
Immediate	MalAssimilation & Exhaustion.	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes.		H.W. H. Ward, M.D.
Address		Harrisonville, Md.
Accident or Suicide?		



Name  
in  
Full

Albert Kletz

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	Carroll		County		MARYLAND
Date of death 1906	Month July	Day 8 <sup>th</sup>	Years —	Months 5	Days —	
Sex Male	Color or Race White	Birth-place Baltimore				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John D. Kletz					Father's Birthplace Baltimore
Mother's Maiden Name	Bernardina Bocklage					Mother's Birthplace Baltimore County
Name of person giving Information	Mrs Kletz					How related to deceased Mother

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

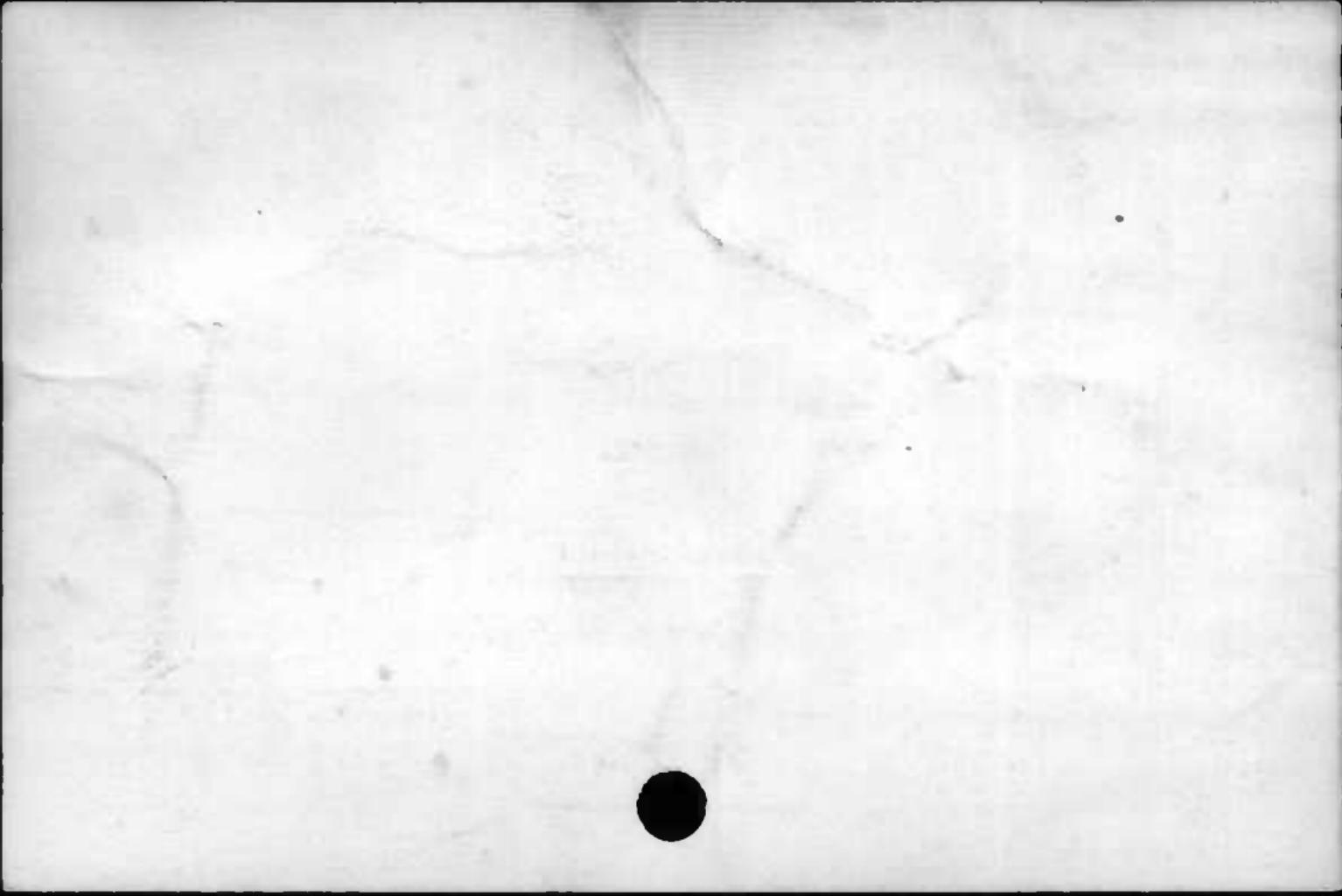
Signature of Physician

Walter B. Platt

Address

802 Cathedral St  
Baltimore Md

Accident or Suicide?



Name  
in  
Full

Mary Freymann ✓

40

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	carroll		County	MARYLAND	
Died at	Month	Day	Years	Months	Days
Westmunt	July	9	Age 45	7	1
Date of death 1906	Sex Female	Color or Race	white	Birth-place	Carroll Co., Md.
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of wife or Husband		William E. Freymann		
married	William E. Freymann				
Father's Name	John Nicer		Father's Birthplace	Md.	
Mother's Maiden Name	Don't know		Mother's Birthplace		
Name of person giving information	William E. Freymann		How related to deceased	Husband.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cancer of uterus

(42)

How long

1 year

Immediate

" "

How long

"

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jos. J. Herring  
Westmunt

Mr. a

Accident or Suicide?

River  
Smallwood

Name  
in  
Full

Charles Edward Geiger

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	July	3	Age 48	4	11
Sex	Male	Color or Race	W	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widower	Name of Wife or Husband Maggie E				
Father's Name	John Geiger				
Mother's Maiden Name	Ann Shiner				
Name of person giving Information	J. Edward West				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Ran away accident

How long

5 weeks

Immediate

Meningitis

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

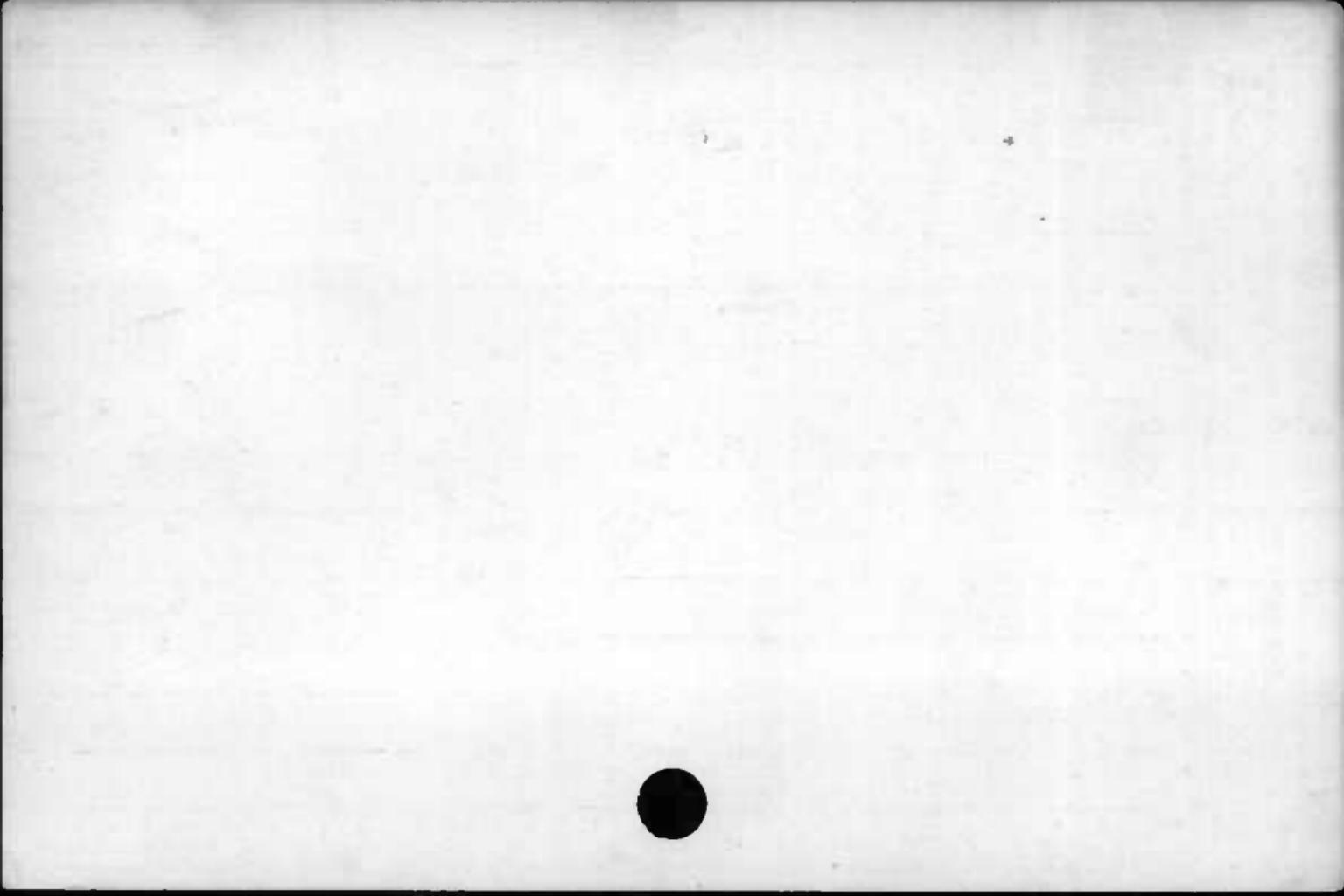
Signature of Physician

Address

Elton Burner

New Windsor Md

Accident or Suicide?



Name  
in  
Full

Franc Griffin

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Died at	Sykesville	Carrolle	Months	Days
Date of death	1906	Month	1st	Day
Age	48	Years		
Sex	Female	Color or Race	White -	Birth-place
Occupation	Housewife	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Husband	John St. Griffin	
Father's Name	William Roop.	Father's Birthplace Ohio		
Mother's Maiden Name	Charlotte Hawley	Mother's Birthplace New York		
Name of person giving information	John St. Griffin	How related to deceased Husband		

CAUSES OF DEATH

Primary Toxic Insanity- How long 2 months -  
Immediate Diabetes Mellitus 50 How long over one month.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John Norfolk Morris M.D.

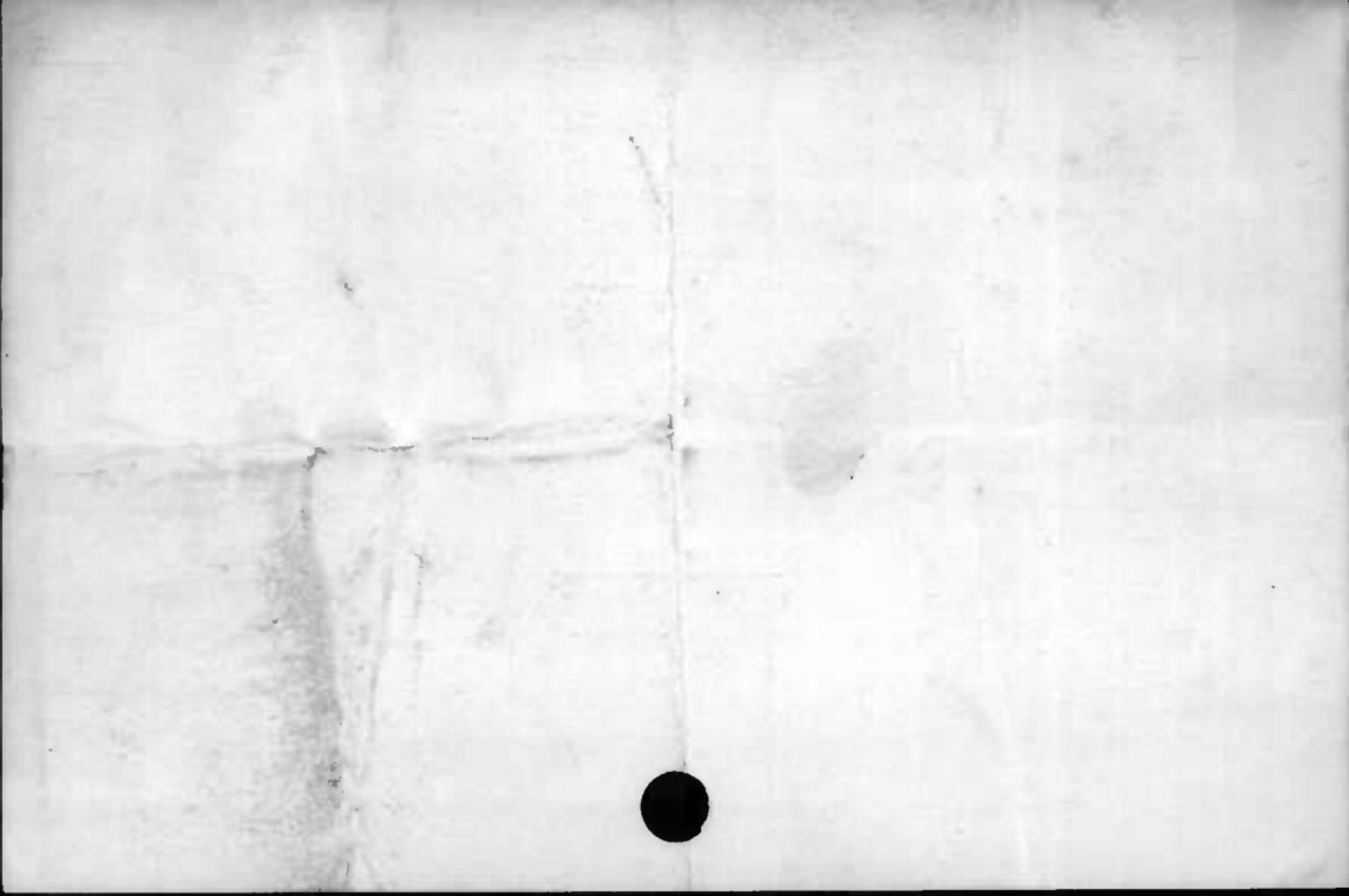
Address

Springfield State Hospital

Sykesville Carrolle Co. Md.

Accident or Suicide?

-



Samuel Andrew Haines

Town County MARYLAND

Died at

Havre de Grace

Carroll

MARYLAND

1906

Date 1892

Month Day

Y. M. D.

Native of

Occupation

July 29

Age 81 3

Maryland

Farmer

Male

White

Married

Widow

Divorced

Female

Coloured

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

John Jacob Haines

Mother's

Name

Amelia Haines

Cause of

Primary

Hepatitis

Dropsy

How long sick

Death

Immediate

de bility

(114)

Accident, Suicide, Homicide

Reported by

David Haines

E. H. Brown

Address

New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate received from \_\_\_\_\_

of \_\_\_\_\_

st



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Place of death.			
Father's Name	John Harry.				
Mother's Maiden Name	Susie A. Evans.				
Name of person giving information	John Harry				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gelatinous.	(X)	How long	Two days.
Immediate	Convulsions & Convulsive Protrusion		How long	Two hours.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. W. Waid, M.D.	
		Address	Harrisonville, Md.	
Accident or Suicide?				



Name  
in  
Full

Oscar J. Harvey

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Springfield Hospital		Town	Carroll		County	MARYLAND	
Date of death	1906	Month July	Day 10"	Years 46	Age	Months	Days
Sex	male	Color or Race	White			Birth-place	Md
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	—				Father's Birthplace —		
Mother's Maiden Name	—				Mother's Birthplace —		
Name of person giving Information	Hospital records				How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Epileptic Insanity

(6)

How long

\$

Immediate

Org. Heart disease

How long

14.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas. J. Carey  
Sykesville Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James J. Hepbron

Town  
Died at Springfield Hospital

County  
Carroll

CERTIFICATE OF DEATH

MARYLAND

Date Month Day Years Months Days  
of death 1906 July 21 62

Sex Male Color or Race White Birth-place Md

Occupation Carpenter Where Residing if not  
at place of death

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Thomas Father's Birthplace Md

Mother's Maiden Name Mary Mother's Birthplace Md

Name of person giving information Hospital record How related to deceased

CAUSES OF DEATH

(14)

Primary Dementia How long 5

Immediate Acute catarrhal dysentery How long 7 days

Are the name, age, sex, color, date and place correctly given above?

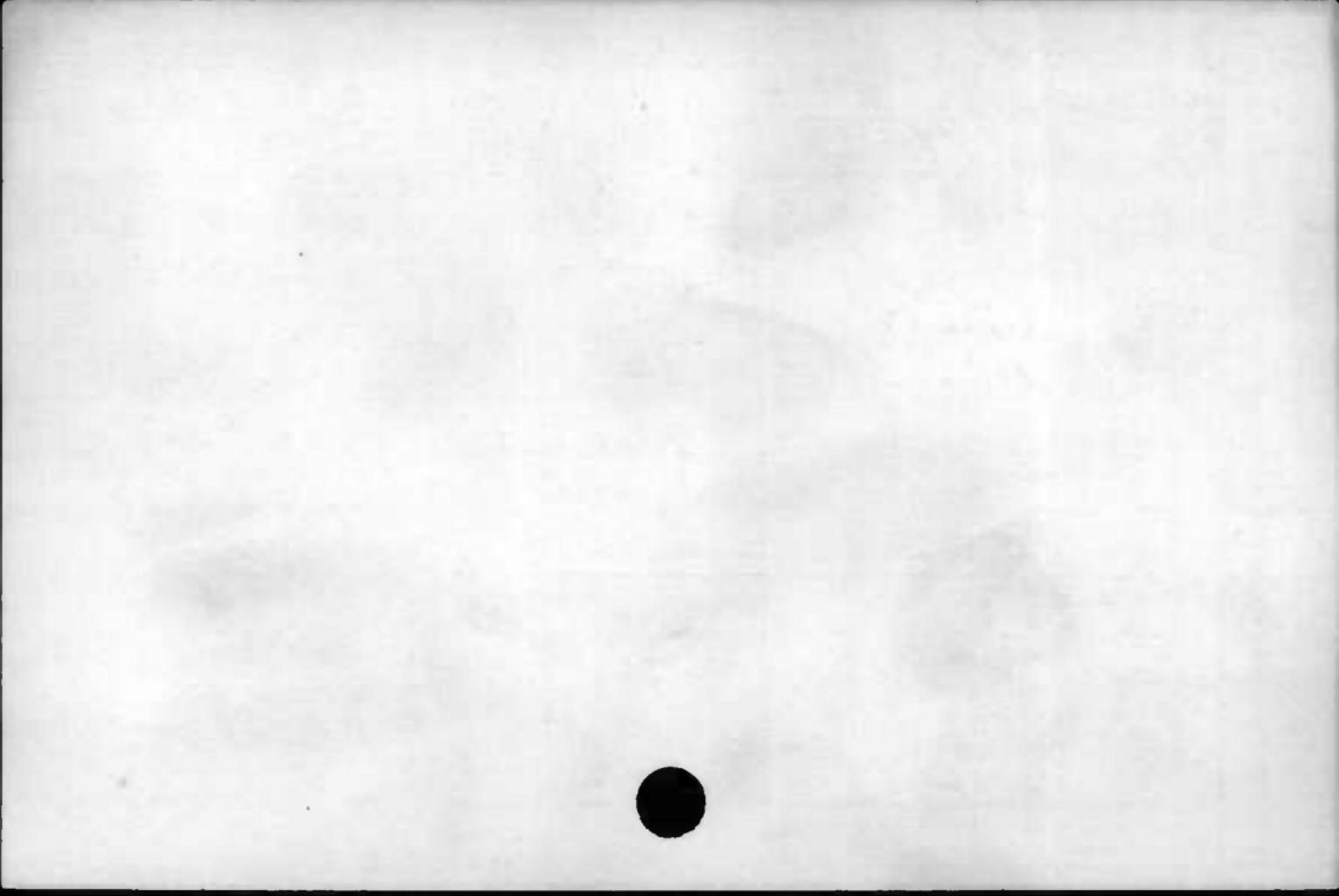
Yes.

Signature of Physician

Address

Char. J. Carey  
Sykesville Md

Accident or Suicide?



Name  
in  
Full

Miss Deborah F. Hughes

CERTIFICATE OF DEATH

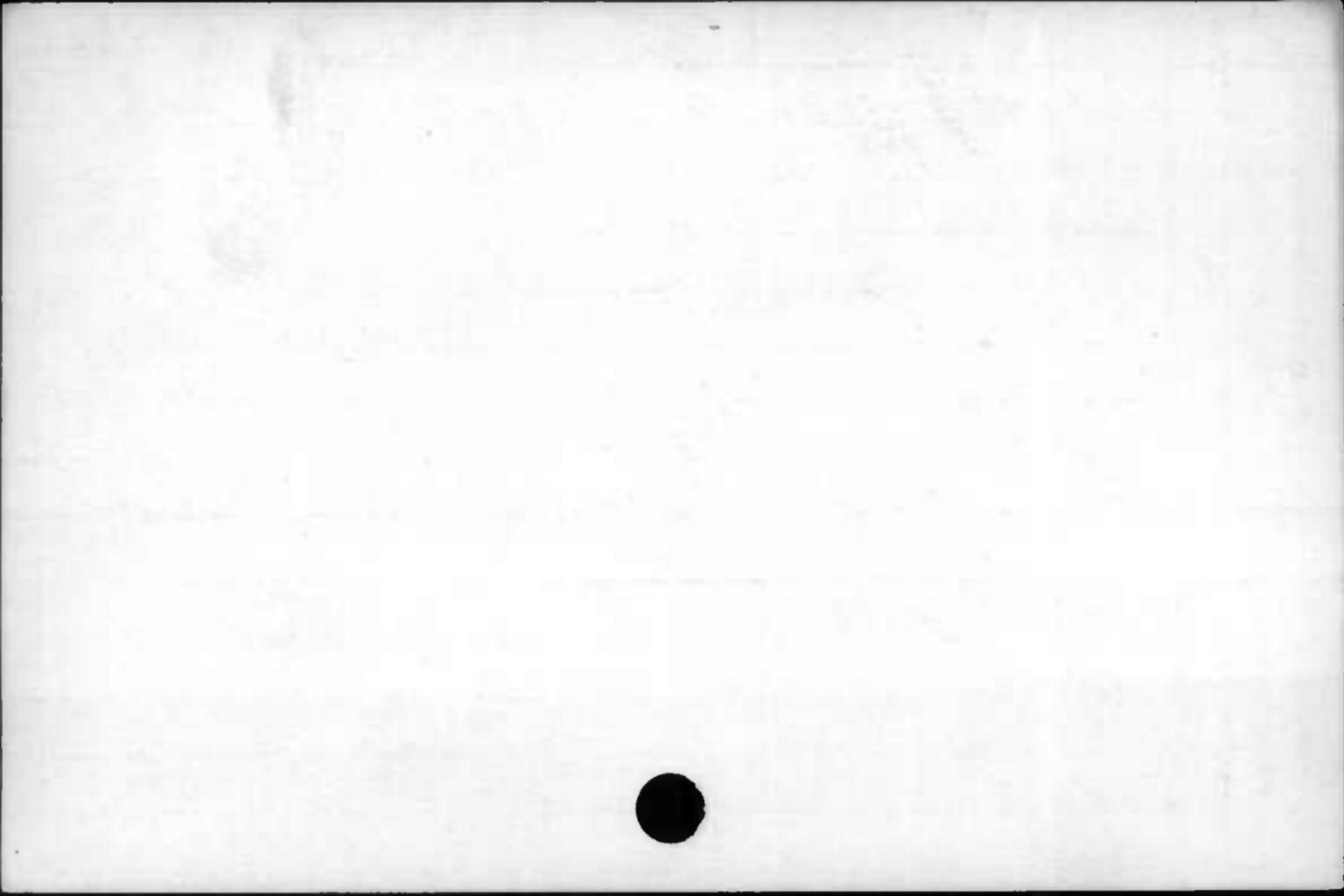
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Town</u> <u>Faneytown</u>		County <u>Carroll</u>		MARYLAND		
Date of death	Month <u>1906</u>	Day <u>7</u>	Years <u>71</u>	Age	Months <u>10</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>white</u>			Birth- place	<u>Carroll Co. Md.</u>	
Occupation <u>Retired</u>	Where Residing if not at place of death					
Married Single or Widowed <u>Single</u>	Name of <del>late</del> Husband <u>William Hughes.</u>			Father's Birthplace	<u>Frederick Co. Md.</u>	
Mother's Maiden Name <u>Hannah Targuhar</u>			Mother's Birthplace	<u>Carroll Co. Md.</u>		
Name of person giving Information <u>Mrs. S. H. Little</u>			How related to deceased	<u>Niece.</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Gall-Stones. Suppurative Cholangitis</u>	How long <u>2 years.</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. H. Lewis, M.D.</u>
	Address <u>Faneytown, Md.</u>
Accident or Suicide?	



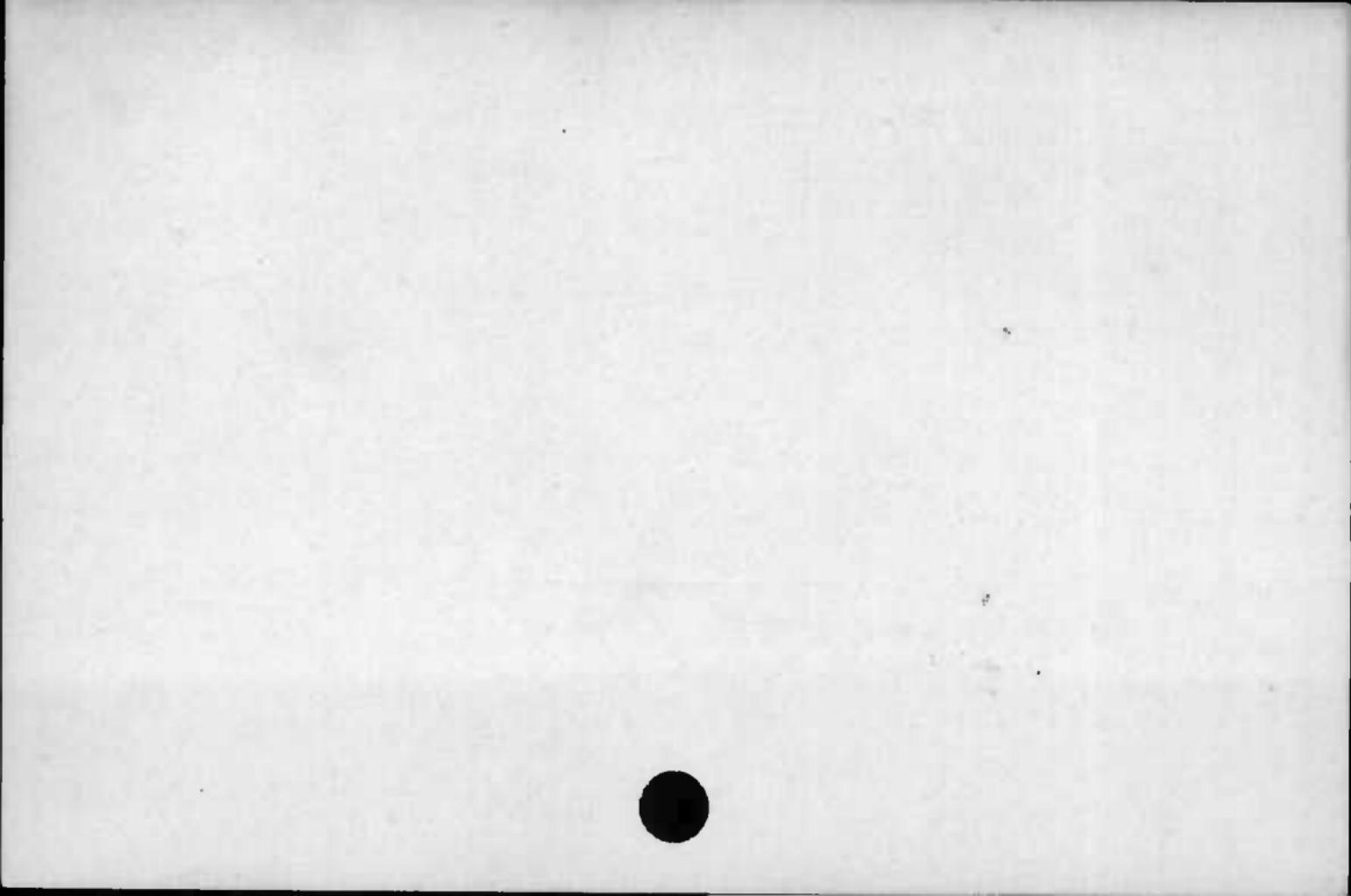
Name  
in  
Full

No 37

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Westminster</b>		Town	County <b>Carroll</b>		MARYLAND		
Date of death <b>1906</b>	Month <b>July</b>	Day <b>11</b>	Age <b>30</b>	Years <b>30</b>	Months <b>6</b>	Days <b>-</b>	
Sex <b>Female</b>	Color or Race <b>white</b>	Birth-place <b>Maryland</b>					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed <b>Married</b>	Name of Husband <b>Andrew Jackson Malehorn</b>	Father's Birthplace <b>Maryland</b>					
Father's Name <b>Joseph Koonts</b>	Mother's Birthplace <b>Maryland</b>						
Mother's Maiden Name <b>Rebecca Shugh</b>	Name of person giving information <b>Myrtle Malehorn</b>						
CAUSES OF DEATH							
Primary <b>Heart disease</b>	How long <b>3 months</b>						
Immediate <b>Same</b>	How long <b>3 months</b>						
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician		<b>M L Butt</b>				
	Address		<b>Westminster Hall</b>				
Accident or Suicide?							



Name  
in  
Full

George H. Merryman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Died at	near Hampstead	Baltimore				
Date of death	Month	Day	Years	Months	Days	
1906	7	16	45 -	7	- 16	
Sex	Color or Race	White	Birth-place	Baltimore Co.		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Widower Miss. Dietz.				
Father's Name	George Merryman					Father's Birthplace
Mother's Maiden Name	Elizabeth Stricklin					Mother's Birthplace
Name of person giving information	A. J. Houck					How related to deceased

CAUSES OF DEATH

Primary

Barrenning of heart

How long

1/2 years

Immediate

Heart failure

How long

PHYSICIAN  
OR CORONER

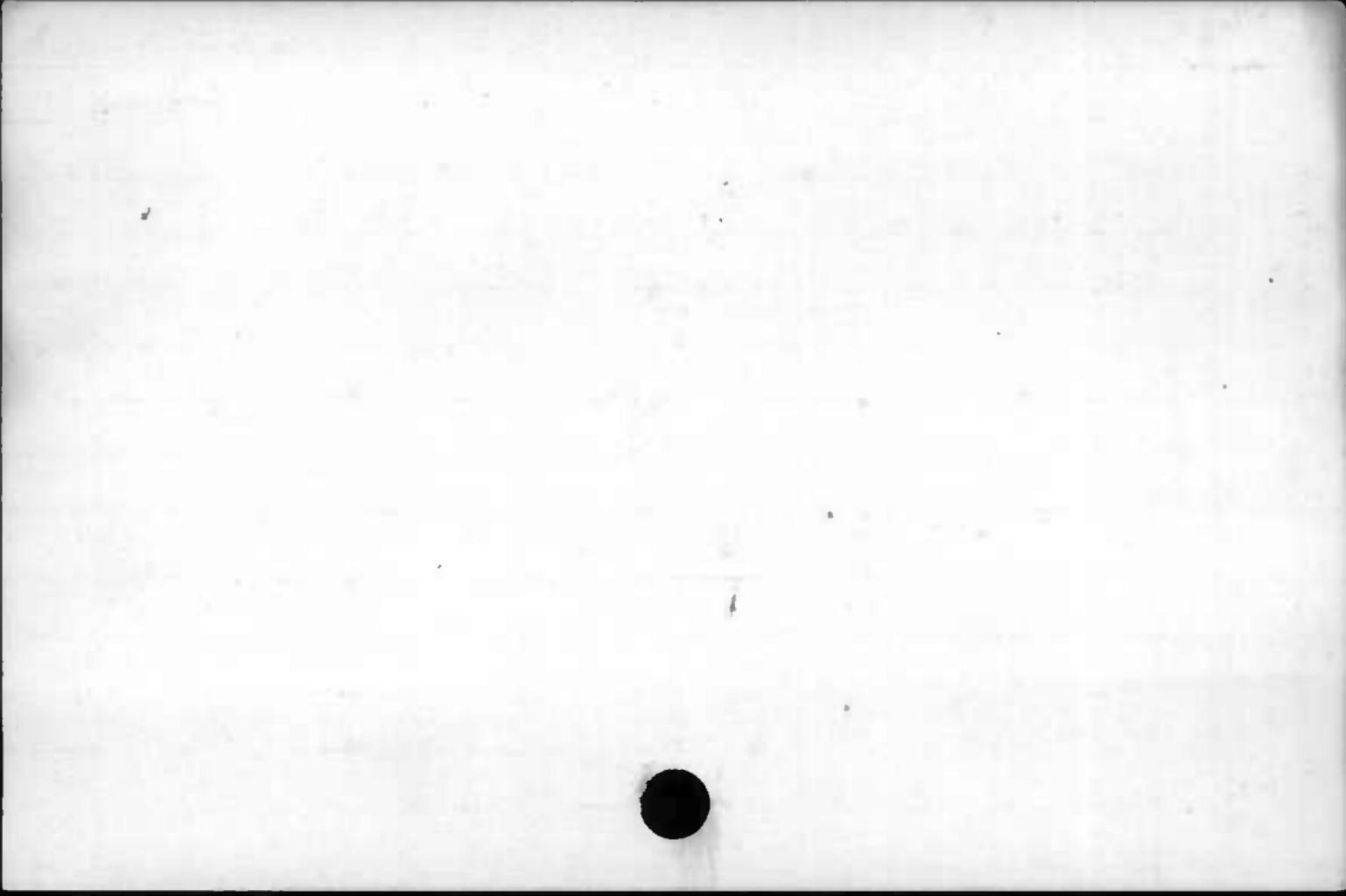
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. F. Richards M.D.  
Hampstead Md.

Accident or Suicide?



To BE ANSWERED BY

NEAREST FRIEND

me  
n  
ull

Bora E Miller

## CERTIFICATE OF DEATH

Died at Millers

County Carroll

MARYLAND

Date of death 1906 Month July Day 8 Age 27 Years Months — Months 6 Days 6

Sex Female

Color or Race

White

Birth-place

Millers

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowerName of Wife or  
Husband

Father's Name

I B Miller

Father's Birthplace

Mother's Maiden Name

John Miller

Millers

Name of person giving  
information

Mally Harris

Mother's Birthplace

I B Miller

How related  
to deceased

Carroll

Husband

## CAUSES OF DEATH

Primary

Bellous Disease

How long

8 days

(X)

Immediate

Pneumonia

How long

3 days

PHYSICIAN  
OR CORONERAre the name, age, sex, color, date  
and place correctly given above?

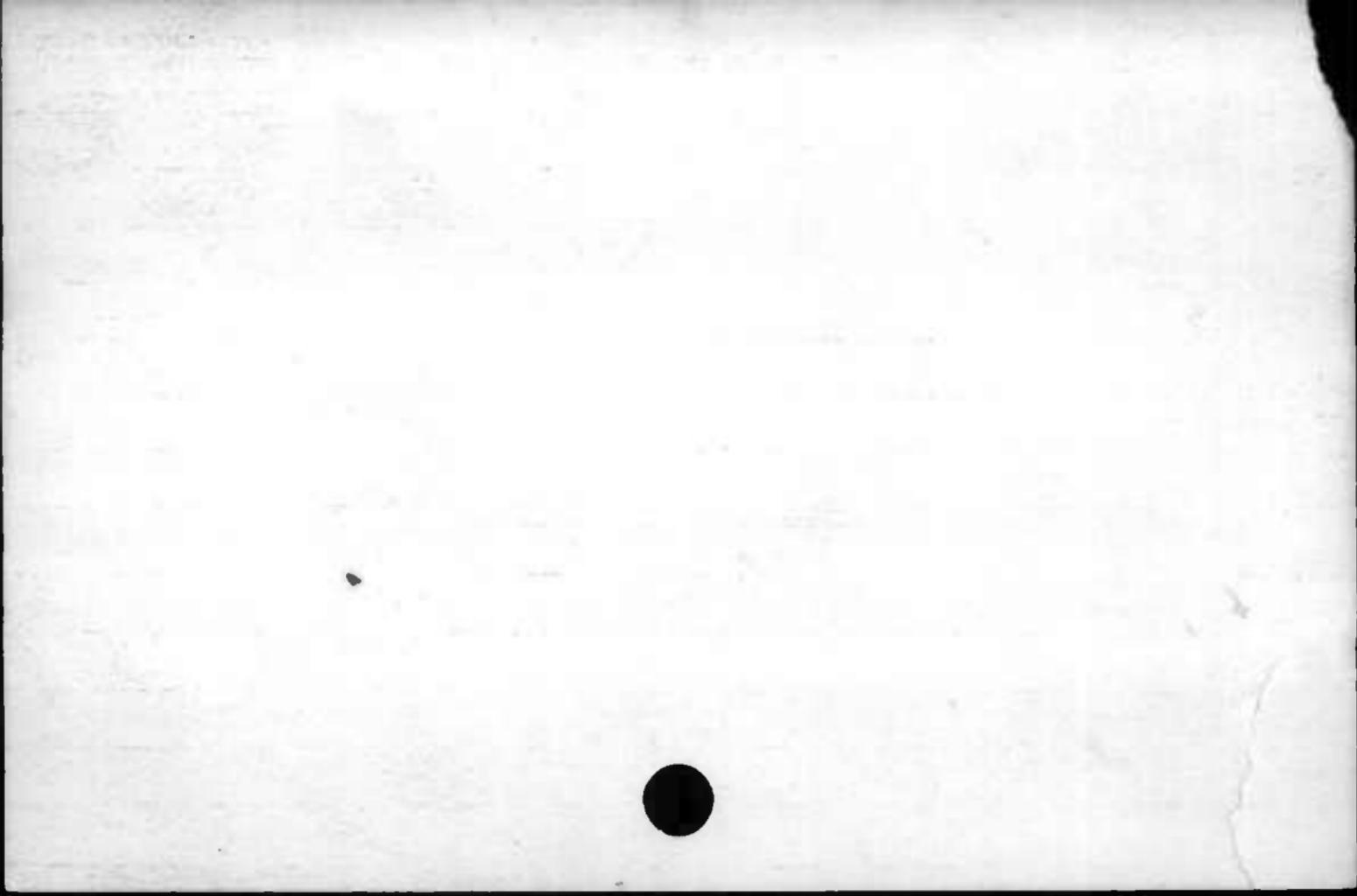
yes

Signature of  
Physician

Address

J St Presbury Md

Accident or Suicide?



Name  
In  
Full

Rachel Mansuagh

CERTIFICATE OF DEATH

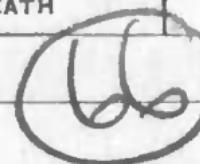
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1906.	Month	Day	Age 53 Years 5 <sup>th</sup>	Months 6	Days 8	3 Days	
Sex Female	Color or Race	White.		Patapsco.			
Married, Single or Widowed	Single.	Occupation		Housekeepers.			
Name of Wife or Husband							
Father's Name	George Mansuagh -			Father's Birthplace			
Mother's Maiden Name	Mary Corately			Mother's Birthplace			
Name of person giving Information	Jack Stull.			How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary



How long

immediate

Paralysis

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

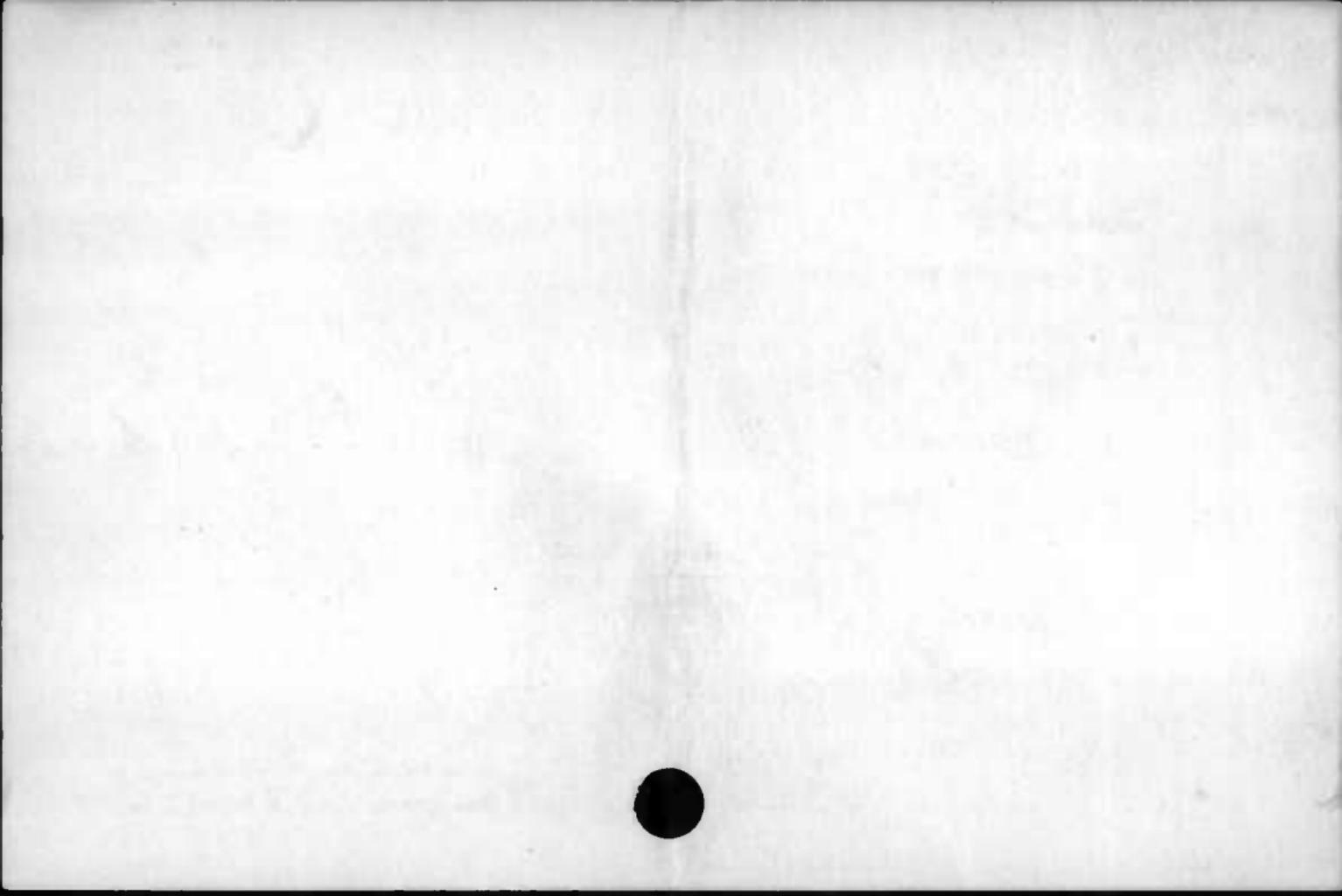
yes.

Signature of Physician

Address

Jas. H. Wilson M.D.  
Towleburg, Md.

Accident or Suicide?



Name  
in  
Full

Mary Ann Myers

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	July	1	83	1	23
Sex	Color or Race	white	Birth-place	Maryland	
Herrings					
Occupation	Where Residing if not at place of death			—	
Widowed, Single or Widowed	Name of W <sup>m</sup> or Husband	Henry P. Myers	Father's Birthplace	Md —	
Father's Name	Peter E. Myers —	Mother's Birthplace	Md —		
Mother's Maiden Name	Elizabeth Erb	How related to deceased	—		
Name of person giving information	—				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Paralyzed



How long

Immediate

old age —

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ed. H. Graft  
undertaker  
Union Mills  
Md.

Accident or Suicide?



Name  
in  
Full

no 45

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Caroline Rinehart

Town

County

MARYLAND

Died at Westminster

Carroll

Date of death 1906

Month

Day

Years

Months

Days

July

20

70

3

21

Age

Sex

Female

Color or Race

white

Birth-place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or Husband

William G Rinehart

Father's Name

Michael Bayers

Father's Birthplace

Maryland

Mother's Maiden Name

Jannette d'outrov

Mother's Birthplace

do

Name of person giving information

Carrie Wang

How related to deceased

daughter

CAUSES OF DEATH

Primary

Heart and Kidney Disease

How long

one year

Immediate

Paralysis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

ye

Signature of Physician

Address

Chas. R. Scott,  
Westminster,  
Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER

Krider Corn

Name  
in  
Full

Michael Sauble

2139

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u>		Town	County	MARYLAND		
Date of death <u>1906</u>	Month <u>July</u>	Day <u>13</u>	Age <u>83</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white -</u>	Birth-place <u>Carroll Co. Md.</u>				
Occupation <u>Retired</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dysentery



How long

3 days

Immediate

Collapsy

How long

immediately

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jm S. Mathias  
Westminster  
No. 1

Accident or Suicide?

St Brigid's Cemetery

Name  
in  
Full

Littleton Schanberger

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Place	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Baltimore	
Father's Name	J. G. Schanberger	Father's Birthplace	Baltimore
Mother's Maiden Name	Marie V. Gahan	Mother's Birthplace	Baltimore
Name of person giving information	J. G. Schanberger	How related to deceased	Father
CAUSES OF DEATH			
Primary	Tubercular Meningitis	How long	
Immediate		How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

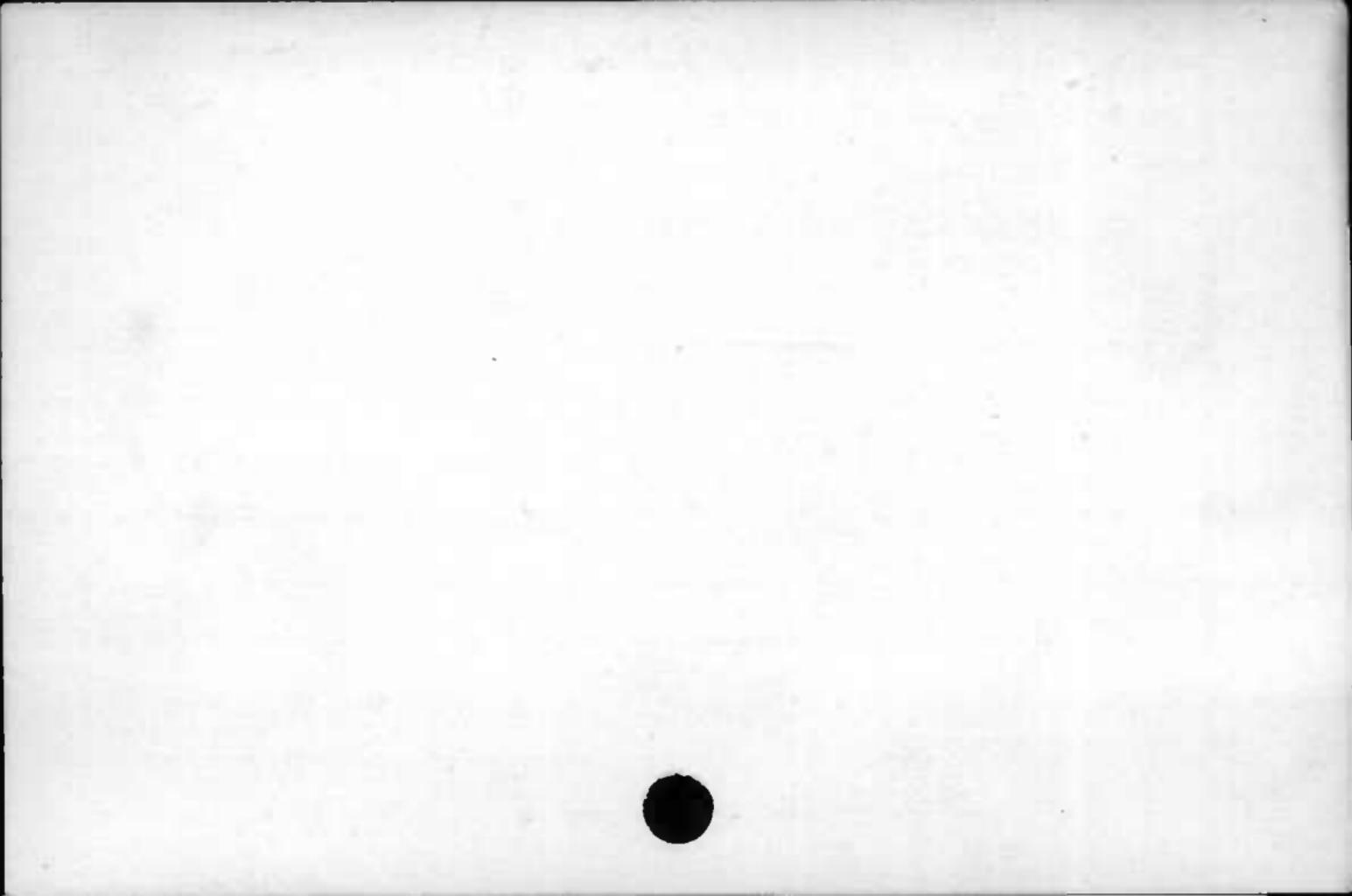
Signature of Physician

W. G. Gauer

Address

Accident or Suicide?

mt. airy md



Name  
in  
Full

Mildred Viola Shafey

No 44  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month July	Day 18	Years	Months 4	Days 8
Sex Female	Color or Race White	Birth-place Md			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Geo. W. Shafey			Father's Birthplace	Nid
Mother's Maiden Name	Ida V. Carbin			Mother's Birthplace	Md.
Name of person giving information	G. W. Shafey			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intestinal Catarrh	(100)	How long one week
Immediate	Heart failure	(100)	How long - few hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	D. S. W. Gorsuch
		Address	Garrison Md
Accident or Suicide?			

Ber Luth Cem Smallwood

Name in Full

Certificate of Death

Town			County				
Died at	<i>Manchester</i>		<i>Carroll</i>			MARYLAND	
Date 1894	Month July	Day 23	Y.	M.	D.	Native of	
Male	White		Age	Married	Widow	Divorced	Occupation
Female	Colored		Single		Widower		Number of children living
Husband of	<i>John C Shearer</i>			Mother			
Wife				<i>Mollie L Wilson</i>		Name	
Father's Name							
Cause of Death	Primary	<i>Prolonged labor &amp; Instrumental Delivery</i>			How long sick Accident, Suicide, Homicide		
Reported by	<i>J H Sherman M.D.</i>						
Address	<i>Manchester Md</i>						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Hester M Smith

CERTIFICATE OF DEATH

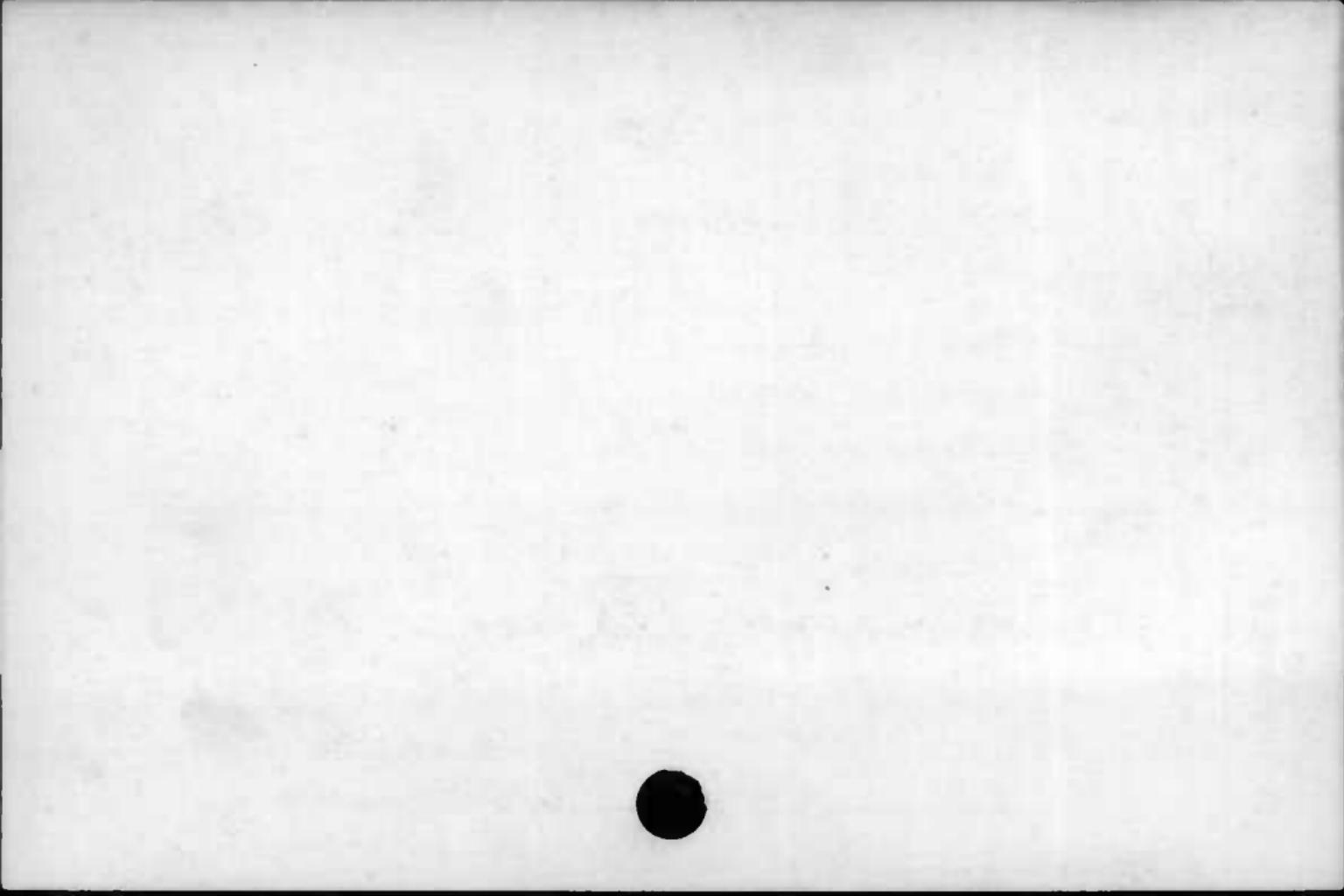
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	7	11	Age
Sex	Color or Race	Birth-place	Ind
Female	White		
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Ind
Father's Name	Charles Smith	Mother's Birthplace	Ind
Mother's Maiden Name	Grace Elliot	How related to deceased	Grand father
Name of person giving information	Charles Elliot		

CAUSES OF DEATH

Primary	Cholera Infantum 105	How long	1 week
Immediate	General Infection & Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Charles R. Root
		Address	Taneytown
Accident or Suicide?			Ind



Name  
in  
Full

Annie Marie Toop

No 36

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	Carroll		County		MARYLAND	
Died at near Westminster	Month	Day	Years	Months	Days	
Date of death 1906	July	3	Age 1	9		
Sex Female	Color or Race	Colored		Birth-place Carroll Co Md		
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	sing le	Name of Wife or Husband				
Father's Name	Samuel Toop		Father's Birthplace	Carroll Co Md		
Mother's Maiden Name	Grace May Powell		Mother's Birthplace	.. ..		
Name of person giving information	Samuel Toop		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Whooping Cough & pneumonia

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yer

Signature of Physician

Address

M. L. Bott

Wilmington

Carroll County Md

Accident or Suicide?

5



Name  
in  
Full

John Trinble

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Springfield Hospital		Town	Carroll		County	MARYLAND
Date of death	1906	Month July	Day 9 <sup>th</sup>	Age 50	Years	Months Days
Sex	M	Color or Race	White		Birth-place	Baltimore
Occupation	Unknown		Where Residing if not at place of death			
Married, Single or Widowed	Unknown	Name of Wife or Husband	Unknown			
Father's Name	Unknown		Father's Birthplace Unknown			
Mother's Maiden Name	Unknown		Mother's Birthplace "			
Name of person giving Information	Hospital record		How related to deceased			

CAUSES OF DEATH

Primary

Dementia

How long

32 yrs

Immediate

Chronic Nephritis

How long

5

Are the name, age, sex, color, date and place correctly given above?

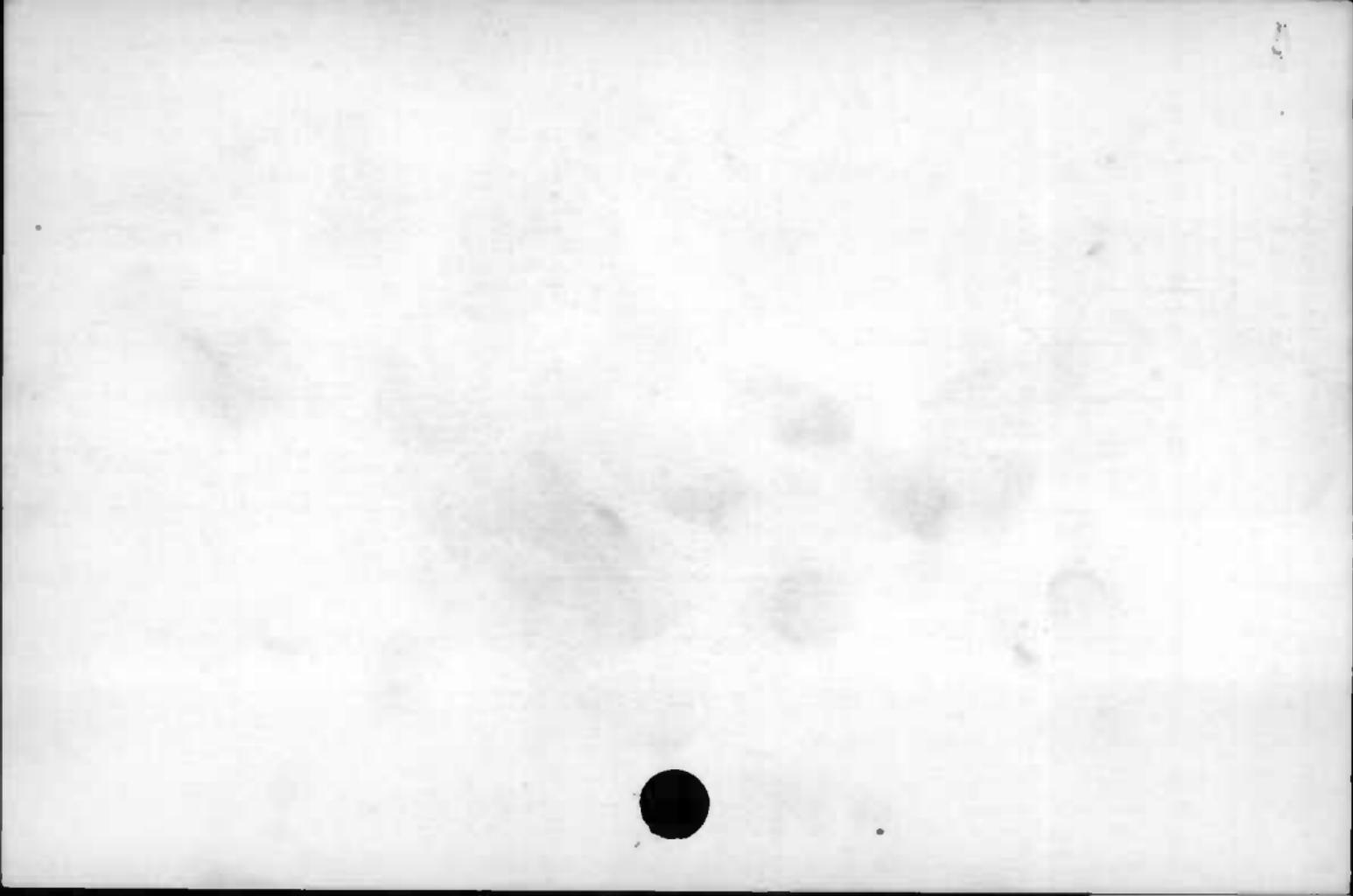
Yes

Signature of Physician

Address

Chas J. Early  
Tykesville Md.

Accident or Suicide?



Name  
in  
Full

Ada Rebecca Virginia Warner.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	7	26	—	4	20
Sex	Female	Color or Race	White	Birth-place	Sterling, Ill.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lindsay Warner				
Mother's Maiden Name	Adeline Kiefer				
Name of person giving information	Adeline Kiefer				
CAUSES OF DEATH					
Primary	Cholera Infantum 105				
Immediate	"	"	How long	3 weeks	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	How long	
Yes			E.D. Crook D.D.	1 day	
			Address	Winfield, Ill.	
Accident or Suicide?					

PHYSICIAN  
OR CORONER

Carle

Name  
in  
Full

Ellen Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND	
Died at Mayberry	Carroll	Months	Days
Date of death 1906 July	Month 6 Day 28	Age 79 Years	9 2
Sex Female	Color or Race White	Birth-place near Westminster	MD
Occupation Housewife	Where Residing If not at place of death	X	
Married, Single or Widowed married	Name of Wife or Husband Ellen Williams		
Father's Name Joseph Arthur	Father's Birthplace unknown		
Mother's Maiden Name Elizabeth Arthur	Mother's Birthplace Taneytown, Md		
Name of person giving information A.L. Williams	How related to deceased Son		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Pneumonia

14

How long

1 week

Immediate

Shock

How long

Are the name, age, sex, color, date and place correctly given above?

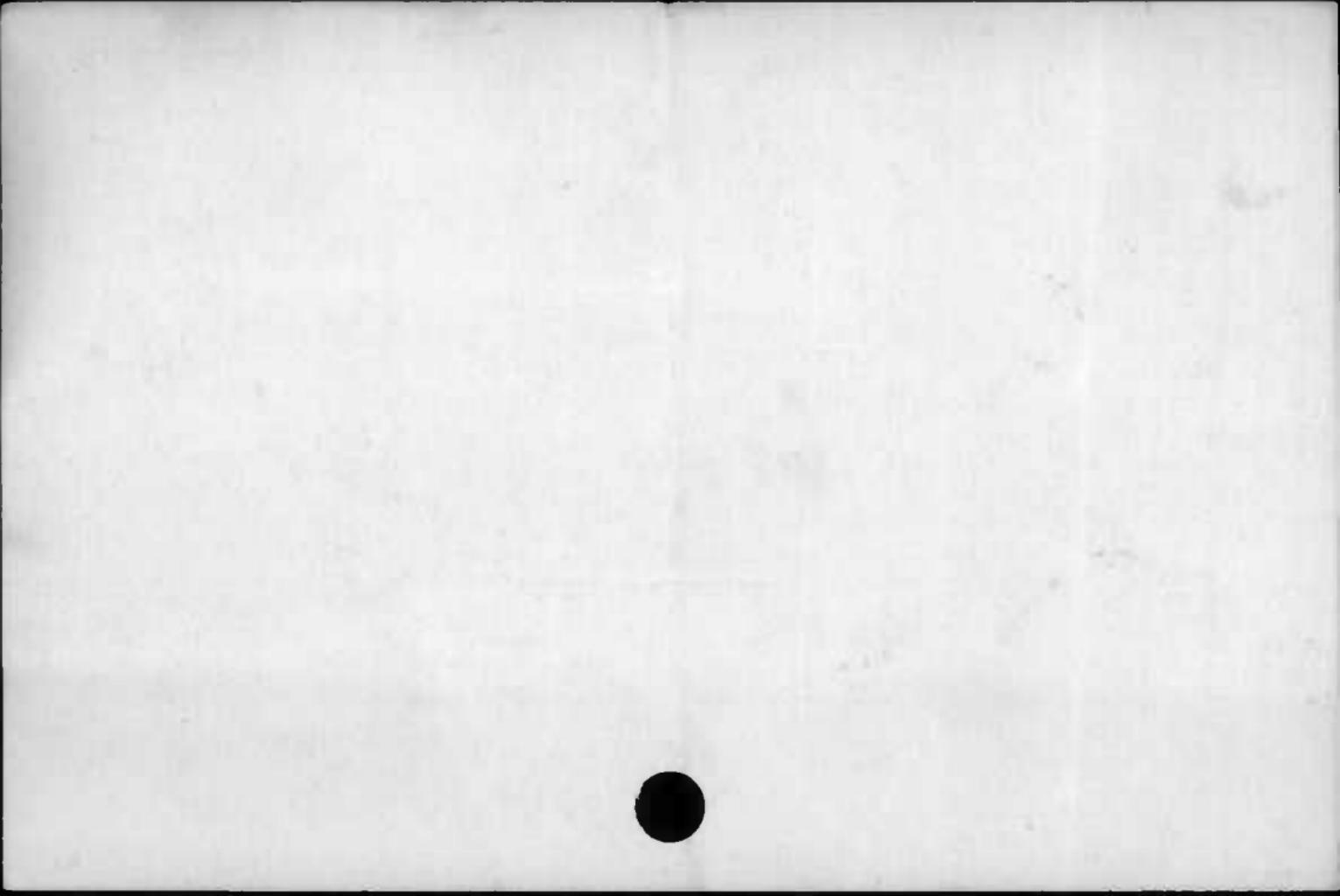
Yes

Signature of Physician

Address

Charles B. Poop  
Taneytown  
Md.

Accident or Suicide?



Name  
in  
Full

Elizabeth Lester Wilt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	Carroll	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Henry C Wilt.				
Father's Name	John Lester					Father's Birthplace
Mother's Maiden Name	Mary Slater					Mother's Birthplace
Name of person giving Information	G. Mallie Wilt					How related to deceased

CAUSES OF DEATH

Primary	Natural Regurgitation Hyperaemia Kidneys	How long	3 month
Immediate	Chronic Spasmodic intestinal colic.	How long	15 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. H. Seis, M.D.
		Address	Gaithersburg, Md.
Accident or Suicide?			

PHYSICIAN  
OR CORONER

